



**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
David A. Stella  
SECRETARY

801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931

1-877-533-5020 (toll free)  
Fax (608) 267-4549  
<http://etf.wi.gov>

**CORRESPONDENCE MEMORANDUM**

**DATE:** February 4, 2011  
**TO:** Group Insurance Board  
**FROM:** John Vincent, Director  
Office of Internal Audit  
**SUBJECT:** Random Sample Dependent Eligibility Verification Pilot Project

**This memo is for informational purposes only. No Board action is required.**

The Random Sample Dependent Eligibility Verification (DEV) Pilot Project was discussed at the August 24, 2010, and November 9, 2010, meetings of the Group Insurance Board. Attached is a copy of the October 26, 2010, memo that was discussed with the Board on November 9, 2010.

The first mailing to the subscribers of the 1,000 randomly selected dependents is scheduled for late February or early March 2011. Today's update will include a review of the packet of information to be mailed.

- Packet to be mailed to subscribers of randomly selected dependents
  - Cover Letter
  - Required Documents
  - Dependent Affidavit
  - Frequently Asked Questions

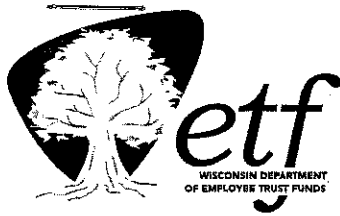
I will be available at the Board meeting to answer questions.

Attachments

Reviewed and approved by Rhonda Dunn, Executive Assistant.

*Rhonda Dunn* *2-7-11*  
Signature Date

Board	Mtg Date	Item #
GIB	2.8.11	4C



**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
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**ATTACHMENT 1**

801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
  
1-877-533-5020 (toll free)  
Fax (608) 267-4549  
<http://etf.wi.gov>

**CORRESPONDENCE MEMORANDUM**

**DATE:** October 26, 2010  
**TO:** Group Insurance Board  
**FROM:** John Vincent, Director  
Office of Internal Audit  
**SUBJECT:** Random Sample Dependent Eligibility Verification Pilot Project

**This memo is for informational purposes only. No Board action is required. However, the Department would appreciate the Board's support of the Random Sample Dependent Eligibility Verification Pilot Project.**

At the August 24, 2010, meeting, the Group Insurance Board (Board) was advised of the Department's interest in conducting a Random Sample Dependent Eligibility Verification (DEV) Pilot Project. This memorandum provides additional background and information on the Department of Employee Trust Funds (ETF) plan related to this project.

Background

An agency-wide risk assessment was completed prior to the development of ETF's 2009-2011 Audit Plan. During that process, the Division of Insurance Services identified the potential risk of having ineligible dependents enrolled in the State of Wisconsin Group Health Insurance Program and the Wisconsin Public Employers Group Health Insurance Program (herein Program). The Program covers more than 240,000 state and local government employees, retirees, and their dependents. It is the largest non-federal health insurance program in the state, with annual health care expenditures of over \$1.3 billion.

Participants in the Program may choose either an individual health insurance plan or a family plan. A family plan allows a participant to include eligible dependents as covered individuals under the chosen health plan. Eligible dependents are defined by state statute, Wis. Stat. § 40.02(20), and administrative rule, ETF 10.02(2)(b). A periodic comprehensive audit of dependent eligibility is considered a best practice and is routinely conducted by many public and private systems to reduce unintended health insurance liability. These audits are designed to verify the eligibility of dependents

Reviewed and approved by Rhonda Dunn, Executive Assistant.

Rhonda Dunn 10-27-10  
Signature Date

Board	Mtg Date	Item #
GIB	11.9.10	3C

covered by an employer's health plan. The immediate and long-term savings gained from these comprehensive audits can be substantial. To date, a comprehensive audit has not been conducted on the health insurance programs administered by ETF.

#### Discussion

The random sample DEV will be a relatively small project; the goal is to provide ETF with a reasonable assessment of whether ineligible dependents are an issue with the Program. Approximately 1,000 of the 135,000 dependents in the Program would be randomly selected. The results of this pilot project will be shared with the Board at its June 7, 2011, meeting to determine whether a more comprehensive audit would be an effective use of Public Employee Trust Funds resources and result in benefits that exceed the cost. We believe that initiating this project is not only a good administrative practice, but also aligns with the Board's fiduciary responsibility to ensure that only eligible dependents receive benefits under the Program.

#### Current Eligibility Criteria

The complete definition of "Dependent" appears in the Uniform Benefits contract that is published in the *It's Your Choice: Reference Guide (Guide)* and distributed annually to members. The *Guide* also contains "Frequently Asked Questions," which includes a section on questions regarding dependent eligibility. The *Guide* is available on ETF's Internet site and either a paper copy or an electronic copy was distributed to all participants in the Program.

#### Current Documentation Requirements and Verification Process

The majority of applications to add a dependent do not require documentation. Attachment A provides more specific information on when documentation is required.

Additionally, health plans verify annually, as necessary, the eligibility status of insured adult children who are disabled. Health plans have also conducted an annual questionnaire to verify the eligibility of insured adult children. However, this process is being discontinued in 2010 because it is no longer deemed necessary due to the federal Patients Protections and Affordability Act that has broadened the eligibility criteria of adult children.

When there may be reason to believe that an insured dependent may not be eligible, ETF works with the employer to research the facts and request any necessary documentation. Additional information on this process is provided in Attachment A.

#### Authority to Conduct the DEV Project

The Board and the Department Secretary have the authority to conduct a DEV project through the following provisions of the Wisconsin Statutes.

- Wis. Stat. § 40.01 (2)  
The public employee trust fund is a public trust and shall be managed, administered, invested and otherwise dealt with solely for the purpose of ensuring the fulfillment at the lowest possible cost of the benefit commitments to participants, as set forth in this chapter, and shall not be used for any other purpose.
- Wis. Stat. § 40.03 (2) (h) and (m), the Secretary  
(h) May request any information from any participating employee or from any participating employer as is necessary for the proper operation of the fund.  
  
(m) Shall have all other powers necessary to carry out the purposes and provisions of this chapter, except as otherwise specifically provided by this chapter.
- Wis. Stat. § 40.03 (6) (d) the Board  
(d) May take any action as trustees which is deemed advisable and not specifically prohibited or delegated to some other governmental agency, to carry out the purpose and intent of the group insurance plans provided under this chapter, including, but not limited to, provisions in the appropriate contracts relating to:
  1. Eligibility of active and retired employees to participate, or providing the employee the opportunity to decline participation or to withdraw.
- Wis. Stat. s. 40.03 (6) (j)  
(j) May contract with the department of health services and may contract with other public or private entities for data collection and analysis related to health maintenance organizations and insurance companies that provide health insurance to state employees.

In addition, each participant is provided with the *It's Your Choice: Reference Book*, which includes the following information:

- No person, other than a Participant, is eligible for health insurance benefits.
- The Department may at any time request such documentation as it deems necessary to substantiate Subscriber or Dependent eligibility. Failure to provide such documentation upon request shall result in the suspension of benefits.

#### Plan of Action to Conduct the DEV Pilot Project

A multi-phased project plan is the best-practice method for conducting the DEV pilot project. It is anticipated that the project would start in 2011, and will take three months to complete – from planning through final reports. Through a series of communications and required action items, employees of a randomly-selected dependent(s) will be guided through the dependent validation process. During the process, and following current procedures, ineligible dependents could be identified and removed. It should be

noted that employees may be responsible for any employer-paid contributions to and benefits rendered by the plan for ineligible coverage. At the Board's February 2011 meeting, details and specific information on the full plan, each phase, and the communication plan will be presented.

During all phases of the project, safeguards will be enforced to ensure the Department and the selected vendor have proper controls and processes in place to protect employee data as required by the *Health Insurance Portability and Accountability Act (HIPAA)* and other government regulations.

Conducting the DEV pilot project requires specific expertise, experience, and sufficient staffing resources. The Department does not have sufficient staff or expertise in-house. Therefore, an external company with experience conducting confidential benefits-eligibility audits will be retained.

The following introduces each expected phase, with a brief summary, which will be firmed-up during the planning phase.

1. Planning Phase – During this phase, aspects of the project are defined and documented, e.g., communications plan, timeline, required documents, processing standards, and data preparation.
2. Verification Phase – During this phase, employees with a randomly selected dependent(s) will be asked to provide specific documentation to verify the eligibility of the enrolled dependent(s). A series of letters would be sent, along with a direct follow up segment.

Before the Verification Phase would start, it will be important to provide an advance notice to all employees about the project. This communication to all employees will serve to announce the project and that a dependent may be randomly selected. In addition, this notice may encourage employees to assess the eligibility of their dependents. The personalized notification letter may provide the following:

- Explanations on the purpose of the project, guidelines to protect confidentiality, the name and experience of the company hired to conduct the project, and instructions on contacting the vendor's call center in case they have questions.
- Information on which dependents are legally eligible and a list of the individuals currently enrolled under the employee's coverage.
- A list of valid documentation needed to verify all dependents, such as a birth or adoption certificate, marriage license, etc. *(Please note that under current law certain documents, e.g., marriage license, birth certificate, etc., cannot be copied, therefore, only certified originals can be provided.)*

- A clear statement of the consequences of keeping ineligible dependents enrolled.

During the Verification Phase, the following sequence of communications will be sent to employees with a randomly selected dependent(s).

- Day 1 – Letter identifying the randomly selected dependent(s) and specific documents required, as well as answers to frequently asked questions.
  - Day 15 – Letter with the same packet of information to those who do not respond to the first letter.
  - Day 25 – Final notification letter and direct calls to non-respondents.
3. Completion Phase – Upon completion of the Verification Phase the project will be formally closed, with project results compiled, analyzed and reported to the Board. In addition, steps will be taken for the proper storage and destruction of documents collected during the project.

#### Communication Strategy

Development of a comprehensive communications plan will be a critical component of a successful DEV pilot project. The more communication provided, the higher the response rate we would expect. The communication strategy will be a two-prong approach.

1. General Communications – In an effort to begin getting the word out on this planned project, information was added to the Department's website and the following was included in the September issue of the *It's Your Benefit* newsletter.

#### ***Be Sure Your Covered Dependents Are Eligible***

*Plans are underway for an audit of listed dependents to determine if there are covered dependents who are ineligible for the health insurance program. Therefore, check that your dependents are still eligible and remove those who are no longer eligible. **Your failure to remove ineligible dependents may result in you being responsible for premium and claims payments.** For information on dependent eligibility criteria, see the Frequently Asked Questions section of your 2011 It's Your Choice: Decision Guide or the Uniform Benefits definition of dependent, found in your It's Your Choice: Reference Guide.*

2. Detailed Communications – The communication plan will employ a variety of tactics to provide a detailed and consistent communications flow of information to the selected employees, and to provide notification to interested groups.
- Written Correspondence – Several letters will be sent to employees with a randomly selected dependent(s) during the Planning and Verification phases.
  - Support Tools, e.g., website, call center, email, etc.

- Written communications and/or presentations to key employee groups, e.g., State government leadership, labor leaders, annuitant groups, human resource and payroll/benefit groups, etc.
- An *Employer Bulletin*, issued to all employers (both state and local governments) that participate in the Program, providing information on the project and to answer as many questions as possible.

I will be available at the Board meeting to answer questions.

Attachment



Random Sample Dependent Eligibility Verification

YOUR RESPONSE REQUIRED BY MAY 1, 2011

Attachment 2

Date

<FirstName> <LastName>  
<Street Address 1> <Street Address 2>  
<City>, <State> <ZipCode>

Dear <FirstName> <LastName>,

**RE: Dependent Eligibility Verification - YOUR RESPONSE REQUIRED BY MAY 1, 2011**

As part of our administrative responsibility in administering the Public Employee Trust Fund, the Department of Employee Trust Funds (ETF) is initiating steps to ensure that only eligible dependents are covered under our state and local group health insurance program. To accomplish this, ETF has partnered with the Public Consulting Group (PCG), an independent firm serving state and local health and human services programs, to conduct a confidential random sample Dependent Eligibility Verification Review. The results from this partial review will assist in determining the reliability that covered dependents are eligible.

You have **not** received this letter and packet of information because ETF is uncertain regarding the eligibility of your dependent for health insurance coverage. You are receiving this information because a dependent of yours was randomly selected for this review. You will need to send information to PCG to verify the eligibility of your dependent for coverage. A detailed list of documents required to validate your dependent is enclosed. You must provide all required documentation for your enrolled dependent to PCG no later than **May 1, 2011**. For more information on this project a *Frequently Asked Question* document is enclosed.

PCG has been authorized by ETF to obtain documentation regarding your enrolled dependent. Protecting your personal information is a priority to ETF and PCG. All documents provided during this project will be securely stored and protected through physical, electronic and procedural safeguards. PCG has signed a Confidentiality Agreement with ETF requiring the company to comply with federal and state information security and data protection regulations.

**What This Packet Includes**

**REQUIRED DOCUMENTS** – This chart describes the document(s) that must be sent to PCG for your dependent. You will need to submit the documentation for your dependent if you mark "Eligible" on the DEPENDENT AFFIDAVIT.

**DEPENDENT AFFIDAVIT** – You will need to complete this affidavit and send it, along with the required documents, to PCG **by the May 1, 2011 deadline**.

**FREQUENTLY ASKED QUESTIONS** – Answers are provided to the more frequently asked questions. Representatives from PCG are prepared and available to assist you with all of your questions. **Direct any questions to PCG's dependent eligibility hotline at (800)-936-0393 between 9 a.m. and 6 p.m. CST, Monday-Friday. DO NOT CALL YOUR HUMAN RESOURCES DEPARTMENT or ETF.**





**Random Sample Dependent Eligibility Verification**

**YOUR RESPONSE REQUIRED BY MAY 1, 2011**

**Please read this letter and information very carefully for the types of information you must send to PCG before the May 1, 2011 deadline.**

We sincerely appreciate your cooperation and assistance in controlling healthcare costs.

Sincerely,

---

John Doe  
Public Consulting Group

---

John Doe  
Department of Employee Trust Funds

Cc: Required Documents  
Dependent Affidavit  
Frequently Asked Questions



Random Sample Dependent Eligibility Verification

YOUR RESPONSE REQUIRED BY MAY 1, 2011

Attachment 3

**REQUIRED DOCUMENTS**

DEPENDENT TYPE	ACCEPTABLE DOCUMENTATION
Spouse - A person of the opposite sex to whom you are legally married.	2010 Federal Income Tax Return (Page 1 only), <b><u>AND</u></b> one of the following. <b>Note:</b> Both the subscriber's and spouse's name must be listed on the documentation of joint ownership and be dated before January 1, 2011. <ul style="list-style-type: none"><li>• Marriage certificate (original certified copy)</li><li>• Mortgage statement</li><li>• Property tax document</li><li>• Rental/Lease agreement</li><li>• Homeowners/Renters insurance policy</li><li>• Loan obligation</li></ul>
Domestic Partner	Affidavit of Domestic Partnership (ET-2371) <b><u>AND</u></b> one of the following that list the names of the subscriber and the domestic partner. <b>Note:</b> Documents must be dated before January 1, 2011, and are still currently valid. <ul style="list-style-type: none"><li>• Joint lease, deed, or mortgage agreement</li><li>• Joint bank account</li><li>• Certificate of durable property</li><li>• Health care power of attorney granted by either party to the other</li><li>• Joint ownership or lease of a motor vehicle</li></ul>
Unmarried children under 27 years old	2010 Federal Income Tax Return (Page 1 ONLY), <b><u>AND</u></b> one of the following. <ul style="list-style-type: none"><li>• Birth certificate (certified copy), adoption agreement, divorce decree, or other official document issued by the U.S. Government containing the child's name, birth date and the name of at least one parent</li><li>• Bill/account statement showing child's name and same address as subscriber</li></ul>

**Random Sample Dependent Eligibility Verification****YOUR RESPONSE REQUIRED BY MAY 1, 2011**

DEPENDENT TYPE	ACCEPTABLE DOCUMENTATION
Married children under 26 years old	2010 Federal Income Tax Return (Page 1 ONLY), <b>AND</b> one of the following. <ul style="list-style-type: none"><li>• Birth certificate (original certified copy), adoption agreement, or divorce decree</li><li>• Bill/account statement showing child's name and same address as subscriber</li></ul>
An unmarried child who is, and continues to be, both (1) incapable of self-sustaining employment by reason of mental or physical handicap, and (2) dependent upon the Subscriber for at least 50% financial support.	Proof of such incapacity, <b>AND</b> one of the following. <ul style="list-style-type: none"><li>• Birth certificate (original certified copy)</li><li>• Bill/account statement showing child's name and same address as subscriber</li></ul>



Random Sample Dependent Eligibility Verification

YOUR RESPONSE REQUIRED BY MAY 1, 2011



Attachment 4

PCG-WIDEV-298675-01222011

### DEPENDENT AFFIDAVIT

<Date>

Subscriber Audit ID: <EmpID>

Subscriber ID Number: <Employee Number>

Dear <FirstName> <LastName>,

Your dependent, below, was randomly selected for this review from ETF's eligibility files provided to PCG, as of January 1, 2011. As a subscriber with this dependent, you must complete the following.

1. Review the dependent named below and check the appropriate "eligible" or "ineligible" box next to the name. If you have any questions about who is considered an eligible dependent, please refer to the *2011 It's Your Choice Reference Guide*, which is available on the ETF website at [http://etf.wi.gov/members/health\\_ins.htm](http://etf.wi.gov/members/health_ins.htm). If you have any questions about this letter or the list of acceptable documents for dependent verification, please call the PCG's dependent eligibility hotline at 1-800-936-0393.
2. Provide the acceptable documentation for the dependent for which you made a check mark beside "eligible." Please black out or obscure any visible social security numbers and/or financial information.

Sign and date this form and return it to PCG in the pre-addressed envelope included in this packet, **postmarked no later than May 1, 2011**, along with proof of eligibility documents for the dependent.

DEPENDENT	CURRENT STATUS	TYPE	D.O.B.
Mary A. Sample	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	Spouse	1/14/1968

Upon PCG's receipt of this affidavit, the dependent for which you checked "Ineligible" will be immediately sent to ETF for removal of coverage. If you have been listing an ineligible dependent on your coverage and do not mark them as "Ineligible" on this affidavit, your employer may take disciplinary, financial, and/or legal action.

I certify that the information I am providing is true. I also understand that any intentional misrepresentations I have made on this document constitute fraud, a serious violation of my insurer's policy. Such a violation may result in disciplinary action, financial consequences and legal action.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
John R. Sample, Sr.



**Random Sample Dependent Eligibility Verification**

**YOUR RESPONSE REQUIRED BY MAY 1, 2011**

**REMEMBER:** Please send this signed affidavit and the required documentation for your "Eligible" dependent to the following address **no later than May 1, 2011.**

**Mail:** Wisconsin ETF DEV Review  
PO Box 1383  
Madison, WI 53705

**E-mail:** [wi.dev@pcgus.com](mailto:wi.dev@pcgus.com)  
**Fax:** 1.877.885.8740

If you have any questions regarding dependent eligibility or required documentation, please call PCG's dependent eligibility hotline at 1-800-936-0393, as soon as possible.



**Frequently Asked Questions**

**1. What is a “random sample” dependent eligibility verification review?**

A “random sample” dependent eligibility verification review is completed based on a limited number of dependents, randomly selected from the dependent database. This approach is done to not only make sure that the randomly selected dependents currently covered under Wisconsin ETF are entitled to coverage, but to provide a measure of the reliability that covered dependents are eligible.

**2. Who is an eligible dependent?**

Your spouse;

Your domestic partner if elected;

Your children who include:

1. Your biological children.
2. Stepchildren or children of your domestic partner insured on the policy.
3. Adopted children and preadoption placements.
4. Legal wards that become your permanent ward before age 19.
5. Grandchildren born to your insured dependent children until the end of the month in which your insured dependent (your grandchild's parent) turns age 18.

**Note:** Married children may be covered until the end of the month in which they turn 26. His/her spouse and dependents are not eligible.

**Note:** Unmarried children may be covered until the end of the month in which they turn 27, when they are not eligible for coverage under a group health insurance plan that is offered by their employer for which the amount of their premium contribution is not greater than the premium amount for their coverage under this program.

Coverage may continue beyond that when unmarried children:

1. Have a disability of long standing duration, are dependent on you or the other parent for at least 50% of support and maintenance, and are incapable of self-support,  
OR
2. Are full-time students and were called to federal active duty when they were under the age of 27 years and while they were attending, on a full-time basis, an institution of higher education.

For further clarification of an eligible dependent, please refer to the eligibility information in your copy of the *It's Your Choice: Reference Guide*. The guide is also available on the ETF website at [http://etf.wi.gov/members/benefits\\_local\\_health.htm](http://etf.wi.gov/members/benefits_local_health.htm).

**3. Is it necessary to provide eligibility documentation for my randomly selected enrolled dependents including my children and spouse?**

Yes. Documentation must be provided for your randomly selected dependent covered under the Wisconsin Group Health Insurance program, by no later than the **May 1, 2011** deadline.

**Random Sample Dependent Eligibility Verification****YOUR RESPONSE REQUIRED BY MAY 1, 2011**

- 4. My ex-spouse and I share our child's dependent status for IRS tax purposes and my ex-spouse claimed our child on her 2010 tax return. What should I send?**

Please send the divorce decree or other legal documentation that describes the financial arrangement as it relates to claiming dependents for tax purposes. Please refer to the REQUIRED DOCUMENTS information that is included in this mailing.

- 5. What happens if a dependent is not eligible and I do not check "ineligible" next to his/her name on the affidavit?**

If a dependent is not eligible and you do not check "ineligible" by the name of that dependent on the affidavit and you do not send documentation to prove that the dependent is eligible, then you will receive a notice that the dependent is ineligible and coverage may be suspended or terminated pending submission of proper documentation. Please note, further action may be taken including liability for claims paid on behalf of an ineligible participant.

- 6. What documentations do you require?**

For documentation per type of eligible dependent, see the REQUIRED DOCUMENTS information that was provided with this mailing.

- 7. What if I do not have or cannot locate required documents?**

The review timeline was developed to provide sufficient time for employees to obtain appropriate documentation and submit it to PCG. If you are unable to provide the appropriate documentation in the required timeframe, please call the PCG customer service line **before the May 1, 2011 deadline** at 1-800-936-0393. PCG representatives will work with you to determine alternative forms of acceptable documentation.

- 8. What if my dependent is determined ineligible?**

You will have the opportunity to work with your employer and/or ETF to provide clarification of the status of any dependent for whom the audit finds there is a question about eligibility. Further information will be provided at that time as necessary.

- 9. My documentation includes personal information such as social security numbers and/or financial information. Can I black this out?**

Yes. Please black out or obscure all social security numbers and/or financial information visible on any documents you intend to submit for this review.

- 10. What If you cannot obtain the requested documentation by May 1, 2011?**

▪ **If you cannot locate your tax return...**

Tax return **transcripts** (not full returns) may be retrieved free of charge from the IRS. The service is free and typically takes 10-14 days. The IRS phone number for this service is 1-800-829-1040.



## Random Sample Dependent Eligibility Verification

**YOUR RESPONSE REQUIRED BY MAY 1, 2011**

▪ **If you cannot locate your marriage license...**

Go to or contact the vital statistics office in the town/city/county in which you were married. This is typically located in the courthouse for that town/city/county and can be done immediately if in-person or in 3-5 days if done over the phone or online.

▪ **If you cannot locate your child's birth certificate...**

Go to or contact the vital statistics office in the town/city/county in which your child was born. This is typically located in the courthouse for that town/city/county and can be done immediately if in-person or in 3-5 days if done over the phone or online.

▪ **Alternative documentation options...**

- **Marriage certificate:** "Unofficial" marriage certificate (from minister/church). Visa (for international marriages). Recent utility bill and/or account statement showing the names of the policyholder, name of dependent(s), and current mailing address.
- **Tax return:** Recent utility bill and/or account statement showing the names of the policyholder, name of dependent(s), date, and current mailing address.
- **Birth certificate:** Adoption agreement. Custody agreement. Hospital record(s). "Unofficial" birth certificate (from minister or hospital). Recent utility bill and/or account statement showing the names of the policyholder, name of dependent(s), and current mailing address.

If, after reviewing the information above, you are still unable to locate the requested documentation, you must contact PCG at 1-800-936-0393.

**11. If I have a question that is not on this FAQ what is the best way for me to find the answer?**

Representatives from PCG are prepared and available to assist you with all of your questions. **Direct any questions to PCG's dependent eligibility hotline at 1-800-936-0393 between 9 a.m. and 6 p.m. CST, Monday-Friday. DO NOT CALL YOUR HUMAN RESOURCES DEPARTMENT or ETF.**

***After the May 1, 2011 Deadline***

If you do not respond to this request by May 1, 2011, or you do not send PCG the correct documentation needed to prove your dependents' eligibility you will receive a notice that the dependent is ineligible and coverage may be suspended or terminated pending submission of proper documentation. Please note, further action may be taken including liability for claims paid on behalf of an ineligible participant.